



COVID-19 Visitor Questionnaire

Updated as of 04/01/2020

The safety of our employees, supplier partners, customers, families and visitors remain CCT’s overriding priority. As the coronavirus disease 2019 (COVID-19) outbreak continues to evolve and spreads globally, CCT is monitoring the situation closely and will periodically update company guidance based on current recommendations from the Centers for Disease Control and Prevention and the World Health Organization. Only business critical visitors are permitted at any CCT facility at this time.

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our workforce and visitors, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone in this building. Thank you for your time.

Visitor’s Name:	Personal Phone Number (mobile/home)
Visitor’s Company/Organization:	Name of CCT Host:
Facility Name:	

Self-Declaration by Visitor	
1	Have you experienced any cold or flu-like symptoms in the last 14 days (to include fever, cough, sore throat, respiratory illness, difficulty breathing)? Yes <input type="checkbox"/> No <input type="checkbox"/>
2	Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days? Yes <input type="checkbox"/> No <input type="checkbox"/>
3	Have you traveled internationally or been in close contact with anyone who has traveled internationally within the last 14 days? Yes <input type="checkbox"/> No <input type="checkbox"/>
4	Have you traveled domestically out-of-state or been in close contact with anyone who has traveled domestically out-of-state within the last 14 days? If yes, where? Yes <input type="checkbox"/> No <input type="checkbox"/> Where: _____

**If the answer is “yes” to any of the questions, access to the facility will be denied.**

Signature (visitor): \_\_\_\_\_ Date: \_\_\_\_\_

**Note: if you plan to be on-site for consecutive days, please immediately advise your CCT host if any of your responses change. The information collected on this form will be used to determine your access right to CCT facilities.**

Access to facility (circle one):                      Approved      Denied

**Submit completed form to the EHS Manager.**